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PTO/SB/01 (12-97)

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## DECLARATION FOR UTILITY OR **DESIGN** PATENT APPLICATION (37 CFR 1.63)

☐ Declaration Submitted with Initial Filing.

☑ Declaration OR Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number		01-1327				
First Named Inventor		Gideon Eden				
COMPLETE IF KNOWN						
Application Number	09 / 992,561					
Filing Date	11/16/2001					
Group Art Unit	1635					
Examiner Name	***************************************					

As a balaw named inve								
As a below named inventor, I hereby declare that:								
My residence, post office address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
DETECTING AIRBORNE MICROORGANISMS								
the specification of which is attached hereto OR Xi was filed on (MM/D	(1)	itle of the Invention)	ed States Applic	ation Number or F	PCT International			
Application Number 100								
I hereby state that I have re	hereby state that I have reviewed and understand the							
	•				claims, as			
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.								
hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date	Priority		by Attached?			
		(MM/DD/YYYY)	Not Claimed	YES	NO			
	,	,						
Additional foreign application	on numbers are third		<u> </u>					
I hereby claim the benefit und	on numbers are listed on a	supplemental priority data	sheet PTO/SB/0	2B attached herel	to:			
Application Number(s	Filing Date	(MM/DD/YYYY)	application(s) ils	ted below.				
60/343,578 1D/D8/01		<u> </u>	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					
				•	I			

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the Individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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## **DECLARATION** — Utility or Design Patent Application I hereby claim the benefit under 35 U.S.C. 120 of any United States application(a), or 355(a) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112. I acknowledge the duty to disclose information which is material to patentsbility as defined in 37 CFR 1.56 which became available between the filling date of the prior application and the national or PCT international filling date of this application. Parent Patent Number U.S. Parent Application or PCT Parent Parent Filing Date (if applicable) (MM/DD/YYYY) Number Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/C2E structed hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Paten As a names oversion of the comments of the swith: Customer Number Place Customer Number Bar Code Label hace. Registered practitioner(s) name/registration number listed below Registration Registration Number Name Name Number James M. Deimen 25504 Additional registered practificner(s) named on supplemental Registered Practitioner information sheet PTO/SS/02C attached hereto. OR XX Correspondence address below Direct all correspondence to: Customer Number or Bar Code Label James M. Deimen Name 320 N. Main Street, Suite 300 Address Address 48104-1192 MI Ann Arbor ZIP State City 734-769-2702 734-994-5947 FRE USA Telephone Country I hereby declare that all satisments made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are purishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor Name of Sole or First Inventor Family Name or Sumama Given Name (first and middle (if anyl) Eden Gideon 3/29/02 inventor's Date Signature USA MI USA Ann Arbor Citizanship Countr Residence: City 2765 Ember Way Post Office Address Post Office Address USA Arbor MI 48104 Ann Country supplemental Additional inventor(s) sheet(s) PTC/68/02A attached hereto

[Page 2 of 2]

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Additional inventors are being named on the